

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035580

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 96

Primary Registration District No. 5349

Registrar's No. 2

FILED SEP 30 1963

1. PLACE OF DEATH

a. COUNTY

Dallas

b. CITY (If outside corporate limits, give TOWNSHIP only)

Asper

OR TOWN

Hooker Twn.

Length of stay in 1b

4 hours

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Bennetts Springs

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Laclede

c. CITY OR TOWN

Lebanon

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

Smith Acres

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Russell

Middle W.

Last Duck

4. DATE OF DEATH

Month Sept.

Day 5

Year 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-19-1888

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Editor

10b. KIND OF BUSINESS OR INDUSTRY

Printing

11. BIRTHPLACE (City and state or country)

Larnard, Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Wm L. Duck

13b. MOTHER'S MAIDEN NAME

Lulu Riley

14. NAME OF HUSBAND OR WIFE

Marie Duck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

yes

16. SOCIAL SECURITY NO.

W 1

17. INFORMANT

Mrs. Russell Duck-Lebanon, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

Imm

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

No medical attention

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II, of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.

Death occurred at approximately 12.30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

L. B. Jones Coronar

22b. ADDRESS

Buffalo, Mo

22c. DATE SIGNED

9-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal-burial

23b. DATE

9-7-63

23c. NAME OF CEMETERY OR CREMATORY

Green Lawn cemetery

23d. LOCATION (City, town, or county)

Schell City

23e. STATE

Missouri

24. FUNERAL DIRECTOR

Adolph Horner - Lebanon, Mo

ADDRESS

Palmer Funeral Home - Lebanon, Mo.

25. DATE RECD. BY LOCAL REG.

Sept 25 - 63

26. REGISTRAR'S SIGNATURE

Mary Phillips

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

SEP 30 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Allyn Hooker

Licensed Embalmer No. 4333

P. O. Address Libany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.